

PLAN DESIGN AND BENEFITS  
PROVIDED BY AETNA LIFE INSURANCE COMPANY INC

PLAN FEATURES	Cost Share
<b>Deductible</b> (per calendar year)	\$0 Deductible
Unless otherwise indicated, the Deductible must be met prior to benefits being payable.	
<b>Member Coinsurance</b>	None
Applies to all expenses unless otherwise stated.	
<b>Payment Limit</b> (per calendar year)	Unlimited
Includes deductible. Certain other member cost sharing elements may not apply towards the Payment Limit.	
<b>Lifetime Maximum</b>	Unlimited except for where otherwise indicated
<b>Primary Care Physician Selection</b>	Not Applicable
<b>Referral Requirements</b>	None

PREVENTIVE CARE	Cost Share
<b>Routine Physical Exams/Immunizations</b> (One annual exam/Pneumonia, Flu, Hepatitis B)	Covered 100%
<b>Routine Gynecological Care Exams</b> One Routine GYN visit and pap smear every 365 days	Covered 100%
<b>Routine Mammograms</b> One baseline mammogram for members 35-39; and one annual mammogram for members age 40 and over	Covered 100%
<b>Routine Digital Rectal Exams / Prostate Specific Antigen Test</b> For males age 40 and over.	Covered 100%
<b>Colorectal Cancer Screening</b> For all members 50 and over.	Covered 100%
<b>Bone Density Testing</b>	Covered 100%
<b>Routine Eye Exam</b> One annual exam.	Covered 100%
<b>Routine Hearing Screening</b> One (1) annual exam	Covered 100%
<b>Hearing Aid Reimbursement</b>	\$500 once every 36 months

PHYSICIAN SERVICES	Cost Share
<b>Primary Care Physician Visits</b> (Office hours)	\$15 copay
(After Office Hours)	\$15 copay

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<b>Specialist Office Visits</b>	\$15 copay
<b>Allergy Testing/Treatment</b>	\$15 copay
For initial testing by a specialist; with or without physician encounter	
<b>DIAGNOSTIC PROCEDURES</b>	<b>Cost Share</b>
<b>Diagnostic Laboratory and X-Ray</b>	\$15 copay
<b>EMERGENCY MEDICAL CARE</b>	<b>Cost Share</b>
<b>Urgent Care Provider</b>	\$35 copay
<b>Emergency Room; Worldwide (waived if admitted)</b>	\$50 copay
<b>Ambulance</b>	\$15 copay
<b>HOSPITAL CARE</b>	<b>Cost Share</b>
<b>Inpatient Coverage</b>	Covered 100%
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	
<b>Outpatient Surgery</b>	Covered 100%
The member cost sharing applies to covered benefits incurred during a member's outpatient visit.	
<b>MENTAL HEALTH SERVICES</b>	
<b>Inpatient Mental Illness</b>	Covered 100%
(Combined with Inpatient Substance Abuse)	190 Lifetime days
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	
<b>Outpatient Mental Illness</b>	\$25 copay
The member cost sharing applies to covered benefits incurred during a member's outpatient visit.	
<b>ALCOHOL/DRUG ABUSE SERVICES</b>	
<b>Inpatient Substance Abuse (Detox and Rehab)</b>	Covered 100%
(Combined with Inpatient Mental Health)	190 Lifetime days
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay.	
<b>Outpatient Substance Abuse (Detox and Rehab)</b>	\$15 copay
The member cost sharing applies to covered benefits incurred during a member's outpatient visit.	
<b>OTHER SERVICES</b>	<b>Cost Share</b>
<b>Skilled Nursing Facility</b>	\$0 per day - days 1-10 \$25 per day - days 11-20 \$50 per day - days 21-100
(100 days per Medicare benefit period)	
The member cost sharing applies to covered benefits incurred during a member's inpatient stay.	
<b>Home Health Care</b>	Covered 100%
<b>Hospice Care</b>	Covered by Medicare at a Medicare certified hospice
<b>Outpatient Short-Term Therapy</b> (speech, physical, cardiac and occupational)	\$15 copay
<b>Chiropractic Care</b>	\$15 copay

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For manual manipulation of the spine to the extent covered by Medicare

<b>Durable Medical Equipment/Prosthetic Devices</b>	15%
<b>Podiatry</b>	\$15 copay
Limited to Medicare covered benefits only	
<b>Diabetic Supplies</b>	Covered 100%
Includes test strips, lancets and glucometer	
<b>Outpatient Complex Radiology</b>	\$15 copay
<b>Outpatient Dialysis</b>	\$15 copay
<b>Vision Eyewear Allowance</b>	\$70 reimbursement every 24 months
<b>PHARMACY - PRESCRIPTION DRUG BENEFITS</b>	<b>Cost Share</b>
<b>Prescription drug calendar year deductible</b>	None

Prescription drug calendar year deductible must be satisfied before any Medicare Prescription Drug benefits are paid. Covered Medicare Prescription Drug expenses will accumulate toward the pharmacy deductible.

<b>Retail - Cost-Sharing</b>	\$10 Copay for Generic
	\$15 Copay for Preferred Brand
	\$30 Copay for Non-Preferred Brand

Up to one month (31 day) supply at indicated copay or coinsurance

(Three month (90 day) supply available at retail. Dollar copayments or applicable coinsurance will apply for each month supply.)

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**Mail Order through Aetna Rx Home Delivery - Cost-Sharing**     \$20 Copay for Generic

\$30 Copay for Preferred Brand

\$60 Copay for Non-Preferred Brand

Up to a three month (90 day) supply available via our preferred vendor, Aetna Rx Home Delivery.

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<b>Catastrophic Coverage</b>	Greater of \$2.25 or 5% for covered generic (including brand drugs treated as generic) drugs. Greater of \$5.60 or 5% for all other covered drugs.
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Catastrophic Coverage benefits start once \$4,050 in true out-of-pocket costs is incurred.

**Requirements:**

<b>Precertification</b>	Yes
<b>Step-Therapy</b>	Yes
<b>Formulary</b>	Open
<b>Mandatory Generic (MG)</b>	Yes

**Please refer to the plan documents (Evidence of Coverage) for a complete listing of benefits, exclusions and limitations. The following is a partial listing of exclusions and limitations under the Aetna Medicare Open Plan:**

- Services that are not medically necessary or covered under the Original Medicare Program unless otherwise noted
- Plastic or cosmetic surgery unless medically necessary
- Custodial care
- Experimental procedures or treatments beyond Original Medicare limits
- Routine foot care that is not medically necessary
- Drugs used for weight loss, gain or anorexia
- Cosmetic drugs
- Prescription vitamins and minerals, except prenatal vitamins and fluoride
- Barbiturates
- Outpatient drugs that the manufacturer requires testing/monitoring for, and limits that testing or obtaining the drug to itself or a designee
- Drugs used to promote fertility

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- Drugs used for symptomatic relief of cough and colds
- Non-prescription drugs (OTC)
- Benzodiazepines
- Erectile Dysfunction drugs

This material is for informational purposes only. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Aetna does not provide care or guarantee access to health services. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Discount Programs provide access to discounted prices and are not insured benefits. While this material is believed to be accurate as of the print date, it is subject to change.

Enrollees must use network pharmacies to receive plan benefits except under emergency circumstances. Covered Part D drugs are available at out-of-network pharmacies in special circumstances, including illness while traveling within the United States but outside of the plan's service area where there is no network pharmacy. An additional cost may be incurred for drugs received at an out-of-network pharmacy.

If an individual qualifies for extra help with the Medicare prescription drug plan, premium and costs at the pharmacy may be lower. Upon enrollment in the Aetna Medicare plan, Medicare will tell us how much extra help an individual is getting. An individual can obtain information on whether they qualify by calling 1-800-Medicare (1-800-633-4227). TTY/TDD users should call 1-877-486-2048.

Benefits coverage is provided by Aetna Life Insurance Company, a Medicare Advantage organization, with a Medicare contract and benefits, limitations, service areas and premiums subject to change on January 1 of each year.

You can receive covered services from any licensed doctor or hospital that is eligible to receive payment from Medicare, agrees to treat you and accepts the Aetna Medicare Open Plan private fee-for-service terms and conditions of payment. This product does not require a contracted network. You must be entitled to Medicare Part A and continue to pay your Part B premium and Part A, if applicable.

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital must agree to accept the plan's terms and conditions prior to providing healthcare services to you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may not provide healthcare services to you, except in emergencies. Providers can find the plan's terms and conditions on our website at: [www.aetna.com](http://www.aetna.com)